

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 10 1944

Registration District No. 198

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5719

State File No. 15168

Registrar's No. 52

1. PLACE OF DEATH:

(a) County MACON
(b) City or town BEVER ARIZONA RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 yrs. (Specify whether years, months or days)
In this community 17 yrs.

3. (a) PRINT
FULL NAMEJAMES HAIR3. (b) If veteran,
name war -3. (c) Social Security
No. -

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, single
6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years
7. Birth date of deceased Dec. 9 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 4 17 - hr. - min.

9. Birthplace New York N.Y.
(City, town, or county) (State or foreign country)10. Usual occupation Farming

11. Industry or business

12. Name James Hair
13. Birthplace New York
(City, town, or county) (State or foreign country)
14. Maiden name Minerva Stevenson
15. Birthplace New York
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs M E Lilworth
(b) Address Bever, Mo.

17. (a) Burial (b) Date thereof Apr. 28, 1944
(Burial, cremation, removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mrs. Mary Bucklin, Mo.

18. (a) Signature of funeral director Parson Funeral Service
(b) Address Bucklin, Mo.19. (a) Apr 29, 1944 (b) W. H. W. W. W.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County MACON
(c) City or town Bever (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. - (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 26
year 1944 hour 8 minute - P.M.21. I hereby certify that I attended the deceased from 1943 to April 19, 1944
that I last saw him alive on April 19, 1944
and that death occurred on the date and hour stated above.Immediate cause of death Coronary arteriosclerosis Duration 3 yrs.Due to Generalized Arterio-sclerosis 15 yrs.Due to -Other conditions (Include pregnancy within 3 months of death) 94aMajor findings: Of operations -Of autopsy -

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) -
(b) Date of occurrence -
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury -23. Signature J. F. Turner (M. D. or other)
Address MACON, MO. Date signed 4-28-44

1287 Wm. S. R. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 44-936

Date Filed MAY 9 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

....., Registered Apprentice No.
working under my personal supervision.

Signed

E. A. Larson

Licensed Embalmer No.

4037

P. O. Address

Bucklin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.